

MERCHANTVILLE POLICE DEPARTMENT
1 W. MAPLE AVENUE, MERCHANTVILLE, NJ 08109
AUTHORIZATION AND RELEASE OF INFORMATION AGREEMENT

To whom it may concern: I am an applicant for a position as a _____. In order for the Merchantville Police Department to evaluate my qualifications and determine my suitability for this position, it is necessary for the Merchantville Police Department to thoroughly investigate my background, and employment history.

The intent of this release authorization is to give my consent for full and complete disclosure. It is also to provide full and free access to the background and history of my personal life. This for the specific purpose of determining my suitability for employment.

It is in the public's best interest that all of the relevant information concerning my personal and employment history be disclosed to the Merchantville Police Department. The Merchantville Police Department is making a request pursuant to this release and will discontinue processing my application upon any refusal to disclose the information being requested.

I _____, do hereby authorize a review and full disclosure of all records and information concerning me to any duly authorized agent or representative of the Merchantville Police Department, whether said records or information are of public, private, or confidential nature.

I also authorize and request every request every person, firm, company, governmental agency, court, association, or institution having control of any documents, records, and other information pertaining to me to furnish upon request, to the Merchantville Police Department, or any of their representatives or agents, any such information, including documents, records, files, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the agents or representatives of the Merchantville Police Department to inspect or make copies of such documents, records, or other information.

I hereby request and authorize the Department of the Army, Navy, Air Force to furnish to the Merchantville Police Department the record of each period of my service therein, and furnish the character of service rendered for each period. My serial number was _____; service dates were _____.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization and release will be considered in determining my suitability for employment/and or Voluntary Service with the _____.
I understand that should information of a serious criminal nature surface as a result of this investigation, such information will be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Merchantville Police Department in conjunction with employment procedures.

I hereby release, discharge, and exonerate the Borough of Merchantville and the Merchantville Police Department, their agents and representatives and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing, inspecting, or collection of such documents, records, and other information, or the investigation conducted by the Merchantville Police Department.

I have read and fully understand the contents of this "Authorization and Release". Should there be any questions as to the validity of this release you may contact me at the address listed on this release.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Full Name (print) _____
Signature (Include Maiden name) _____
Address _____
Phone _____ Date of Birth _____ Social Security # _____
Parent Signature (required if a Juvenile) _____

Subscribed and sworn before me this _____ day of _____ 20 _____

Notary Public of New Jersey

My commission expires (Affix Notary Seal)